

# Quill & Scope

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## Interview Corner: Dr. Koestler

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## INTERVIEW CORNER: DR. KOESTLER

**Q: HOW DID YOU END UP IN MEDICINE? DID YOU ALWAYS WANT TO BE A DOCTOR?**

**A:** I knew that I wanted to be a doctor from kindergarten. There's no one in medicine in my family, and I grew up with little means. I grew up in Brooklyn, New York. My dad was a postman and my mom was a teacher who was home with my brother and I, while we were growing up.

I continued through public school all throughout education. One of the things that inspired me is that I grew up in schools that were very diverse. And that was just really meaningful for me. I was inspired to pursue science really early. I couldn't understand why everyone else didn't want to do that. After graduating from high school, I entered a seven year medical program at Union College and Albany Medical College again, because I just thought, why, why would that not be the pursuit for everybody?

I'm so incredibly fortunate to have such a supportive family. I think it was shared with the community that over this COVID pandemic I lost three family members, both my dad and my father-in-law both to COVID and my mother-in-law to cancer, all in the span of less than six months. I think that that has been an interesting process to deal with, being in medicine and family being so important to me. As an entire family, we were forced to really step back and reimagine what we were doing. My family has always been so supportive of what I've been doing. I think that this weird COVID pandemic has helped a lot of people reflect on a lot of things.

**Q: HOW DID YOU DECIDE TO BECOME A PEDIATRICIAN?**

**A:** I decided after Albany Med to pursue a residency in internal medicine and pediatrics. You have to be really passionate about the study of medicine and a little crazy, because it's actually taking two residencies and combining it into four years. That was also the residency that Dr. Ludmer pursued, we were in the same program. From early on, I wanted to be a pediatrician, and I thought that medicine was all about just being with kids. I didn't really understand the difference between enjoying being with kids and managing sick children and their families until I was a medical student. I had some very compelling experiences during my pediatric rotation, where a patient of mine was in a mentoring program that we had as medical students, and she died. And that was a pretty life-changing experience for me.

**Q: WHAT DO YOU THINK IS MISSING IN MEDICAL EDUCATION RIGHT NOW?**

**A:** I would love medical education to be able to get to a place where there is more of a balance between some of the external pressures that students face with USMLE exams and getting into residency. I wish some of that pressure could be taken off for them to be able to more fully be immersed in realistic patient scenarios, so that they're appreciating much more of the structural determinants of health and gaining more of the practical skills. I mean, truly appreciating the time of being able to lay hands on a patient and interview them and appreciate the magnitude of that situation without the pressures of studying for the basic science exam or step exam.



I think that if I could take medical school now and do a do-over with my perspective, I would so much more appreciate some of the foundational sciences and how important it is to have some of those concepts. I don't know that anyone knows what the right balance is. There are lots of opinions and there are lots of schools that have gone to a year or year and a half of basic science. I don't know what the right answer is. But I do know that there are so many pressures on students, even when they get into clerkships to be able to enjoy your clerkship, to say, "wow, I may not be an OB GYN, but I'm gonna make sure I deliver a baby." And meanwhile not worry all the time about a shelf exam.

And I would love for the fourth year students to be able to not have to check boxes off and feel as if they have to meet someone else's expectation, but that they can really try to be the holistic doctor that they want to be. Since the chapter was founded at New York Med, I've been a huge proponent of humanism in medicine. I think that the doctor-patient interaction is the core of everything and I think we sometimes lose it. And so I see it as part of my goal to make sure that I spend time trying to lead by example and try to incorporate many of the basic scientists into conversations about, "so how do you think we should approach this?" And, you know, I would say one thing about New York med. I think students say it all the time. I've been at several different institutions, but there's really a deeply rooted community here. The students love being with one another. And I think the hardest part about this pandemic is that the faculty also love being with the students, and we haven't had in-person opportunities for a really long time.

**Q: WHAT WAS YOUR EXPERIENCE THIS PAST YEAR WITH COVID AND TRANSITIONING TO A VIRTUAL CURRICULUM?**

**A:** It's been an interesting ride because every senior administrator in a medical school is reinventing the wheel at the same time. And I think that the challenge that we had in New York was that everything was happening so fast and other schools in the country really weren't going through it. Yes, the students were put on pause as well, but we were put on pause and people were dying around us and we needed to think quickly.

We also relied on our colleagues outside of the institution. So for me, I connected with the curriculum deans group and they started having meetings every week. It was a time when we could allow ourselves to say we don't know and express how uncomfortable we are. So each of us decided to split up into different communities and our task forces tried to see how we can get the brightest minds across the country to create policies and procedures. By doing so, I realized that we had this great community of sharing.

**Q: THIS YEAR'S THEME FOR QUILL AND SCOPE IS THE LABYRINTH. HOW DO YOU MAKE A DECISION WHEN YOU DON'T KNOW WHAT THE END OF THE ROAD LOOKS LIKE?**

**A:** How do you navigate the maze? You start by admitting that it's okay not to be perfect and it's okay to admit that you might not know all the answers. But, if you're willing to learn and willing to partner with others, you can get a lot further. There are always challenges, but learning how to not immediately answer the challenge or fix the problem, and instead slowing down and listening can help you do something that is more meaningful and beneficial.

**Q:** IN THE GREEK MYTH OF THE LABYRINTH, THE HERO IS GUIDED OUT OF THE MAZE BY ARIADNE’S STRING. IN YOUR LIFE, WHAT IS THE STRING? WHAT’S THAT GUIDING FORCE WITHIN YOU THAT HELPS YOU MAKE YOUR DECISIONS FOR YOUR LIFE?

**A:** It is sort of my principles. It may sound trite, but I found my soulmate in college and the way we approach life and raising kids is by choosing compassion first. We check in with one another. Growing up as I did provided this perspective that has given me so many benefits. I was always very grateful for the things that I was afforded and it ties into how we’re raising our kids. We feel fortunate, we loved our home and we just to try to think of doing the right thing.

**Q:** WHAT ABOUT IN YOUR PRACTICE?

**A:** Those principles guide me in medicine too. I love my patients. I love practicing medicine and the relationships with kids, adults, and families that I’ve sort of collected over time are meaningful. I guess I’m a storyteller, but I was an English major with a Bioethics minor in undergrad. My Ariadne’s string is just trying to find and think about what’s right. That’s both from sort of a philosophical and bioethical stance.

I’ve tried to balance the doing because I’m just a doer. I like to fix problems and I like to create curriculum. I like to do things. But I think that my job is particularly challenging, because there were more important things at stake, right. There’s 200 plus medical students a year who I am tasked with helping them become outstanding doctors that I want to bring my family members to.

**Q:** IT CAN BE DIFFICULT FOR STUDENTS TO SEE THOSE BENEFITS AT THIS STAGE IN OUR CAREER. IT IS NICE TO HEAR YOU SPEAK ON THEM.

**A:** That’s the hardest part about medicine. Students are making choices about what careers they want to do for a lot of different reasons. And for me, I don’t know that I knew I would go into medical education in medical school, we didn’t have an area of concentration at that time. I knew I loved taking care of kids and adults and I wanted to help kids and adults manage their health through primary care interventions. I did that and I found leadership. Maybe if I really looked harder, that was something that was in me the whole time through different experiences that I had even in high school and the leadership roles that I had then, but I didn’t know how that would translate. You have to love what you’re doing because there’s so much time and effort that you put into it.

Now, you can go into any field and eventually choose a pathway within the field. And for me, academic medicine was the right “balance”. I don’t know that there’s any balance in anything anymore. I think that medical education allowed me to make meaningful impacts in the lives of hundreds of students, thousands of students now over time.

And it’s an interesting thing to try to explain to your parents what you’re doing when you spend all this time and get very much in debt, becoming a doctor, and then you decide to teach. My dad never understood it and it was a running joke all throughout his life, just, “What exactly are you doing?”

For me, medical education is not so dissimilar from taking care of patients, it’s just being able to take it to another level. That’s where I found my passion and that’s what gets me going.

**Q:** AS YOUNG MEDICAL STUDENTS, IT CAN SOMETIMES FEEL LIKE WE ARE THE FIRST PEOPLE EVER TO BE TRAINING TO BE DOCTORS. IT’S HARD TO IMAGINE YOUR EXPERIENCED ATTENDING’S EVER BEING IN YOUR SHOES. WHAT WOULD YOU SAY TO YOURSELF IF YOU MET YOURSELF AS A MEDICAL STUDENT?

**A:** Enjoy every minute. Take all the time you need with patients, and know that there are going to be people who say that you’re taking too much time. One thing I didn’t learn then was resilience. For most doctors at the time, resilience wasn’t a thing, wellbeing wasn’t a thing. I think that I would tell myself to learn habits of self care. Because when you get to be old, it is harder to unlearn bad habits. Self care doesn’t mean the same for everyone.

And I think that what’s interesting now when I’m having discussions with students is that there’s a dynamic between taking time off and spending time for personal wellbeing and the importance of engaging in the moment. Appreciate when you have an opportunity to learn in person, because no one else, other than students who were privileged to be medical students, can have the opportunity to learn it. Just enjoy it, it doesn’t have to be for the test.

Dig deep into why you’re going into medicine and try to remember that not everything is about Step. It’s a privilege to be a doctor it’s an uber minority of people who get accepted into medical school. Appreciate that opportunity and treat it as a gift.

